

Dangerous Dog Verification of Compliance and Registration Supplemental Owner Information Form

Virginia Department of Agriculture & Consumer Services

Office of Veterinary Services

P.O. Box 1163

Richmond, Virginia 23218

(804) 692-0601

ALL INFORMATION MUST BE COMPLETED AND VERIFIED TO BE ACCURATE BY THE LOCAL ANIMAL CONTROL OFFICER. Please attach additional sheets as necessary.

Date Submitted: ____/____/____
(mm/dd/yyyy)

Local Jurisdiction: _____

Assigned Animal Control Officer: _____
First Middle Initial Last

Address: _____
Street City State Zip

Work Phone: (____) _____ Cell Phone: (____) _____

VIRGINIA DANGEROUS DOG TAG NUMBER: _____

SUPPLEMENTAL OWNER'S INFORMATION

Supplemental Owner's Name:

First Middle Initial Last

If the owner of a dog found to be dangerous is less than 18 years of age, the legal guardian shall be considered the owner of the dangerous dog.

Home address:

Street City State Zip

Local Jurisdiction: _____

Employment Information

Place of employment: _____

Address: _____
Street City State Zip

Daytime Phone: (____) _____ Work Phone: (____) _____

Evening Phone: (____) _____ Cell Phone: (____) _____